_												
	PATENT	APPLICATION Effec	ON FEE D	Application or Docket Number  09/157998								
			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY						
T	OTAL CLAIMS						F	RATE	FEE	OR <b>]</b>	RATE	FEE
F	OR		NUMBER	FILED	NUME	BER EXTRA	ВА	SIC FE	·	OR		<del> </del>
TO	OTAL CHARGE	ABLE CLAIMS	mi	nus 20=	*			\$ 9=		OR	X\$18=	
INI	DEPENDENT C	LAIMS	m	inus 3 =	*		}	(42=		OR	X84=	
М	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				` <del>  _</del>	140=	<del> </del>	1		
* 11	the difference	in column 1 is	less than z	ero, enter	"0" in (	column 2		DTAL		OR OR	+280= TOTAL	
_	$\mathcal{D}^{\circ}$	(Column 1)	MENDE	(Colur	nn 2)	(Column 3)	SI	MALL	ENTITY	OR	OTHER SMALL I	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	addi- Tional Fee
	Total	. 54	Minus	** 10	0	=	×	\$ 9=		OF)	X\$18=	
	Independent	* //	Minus ***   =					42=	421	OA OA	. X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colun		(Column 3)						
MENT B		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	X	9=	~	OR.	X\$18=	
AMEND	Independent	*	Minus	***		=	×	42=	:	OR	X84=	. •
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			40=			+280=	## . <b>.</b>
								TOTAL		OR	+200≒ TOTAL	
		(Column 1)		(Calum	O)	(Calumn 0)		T. FEE		OR	ADDIT. FEE	
T C		CLAIMS REMAINING		(Colun HIGHI NUME	EST BER	(Column 3) PRESENT			ADDI-			ADDI-
AMENDMENT C		AFTER AMENDMENT		PREVIO PAID I		EXTRA	H/	ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus.	**		=	X	9=		OR	X\$18=	,
AME	Independent	*	Minus	***	0. 4	=	X.	12=			X84=	_
		N. I.A. I./ JAI () C M/I			CI AILA					100		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

+280=

TOTAL ADDIT. FEE

+140=

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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										Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 1997																
CLAIMS AS FILED - PART I (Column 1) (Column 2)										ENTITY	OR _	OTHER SMALL				
FOR			NUMBE	BER FILED NUM			ER EXTRA			FEE		RATE	FEE			
BASIC	FEE		White the write of							395.00	OR		790.00			
TOTAL	CLAIMS		3 minus 20 =			*    ;			x\$11=		OR	x\$22=				
INDEF	PENDENT CLAI	MS	3 minus 3 =			· 10			x41=	C10	OR	x82=				
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=					
* if the	e difference in col	s less than z	ero, enter "0" in	L	TOTAL	805	OR	TOTAL								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	. ENTITY	OR	-	R THAN ENTITY			
ENT A		REM AF	AIMS AINING TER IDMENT	) W * * *	NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
DME	Total (	*	9	Minus	**	20	=		x\$11=		OR	x\$22=				
AMENDMENT	Independent	*	1	Minus	***	3	=		x41=		OR	x82=				
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=				
	A 38				2/2			L A	TOTAL DDIT. FEE	477	POF	TOTAL ODIT. FEE				
	U		lumn ()	G-24450-10-281-01	_	oluma 2)	(Column 3)	1 r		39	PO		1			
NKB	B	REM A	AIMS * IAINING FTER NOMENT	# <b>%</b> ***	NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
DME	Total	*	60	Minus	**	38	= 22		x\$11=	143	OR	x\$22=				
AMENDMEN	Independent	*	10	Minus	***	4	= 6		×39	234	OR	x82=				
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	139	OR	+270=				
	(Column 1) (Column 2) (Column 3)								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE				
<u> </u>			olumn 1)		<u> </u>	Column 2)	(Column 3)	<b>7</b> 1		T	7		Τ			
ENTC		REN A	LAIMS MAINING IFTER NDMENT	e tek	N PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
DME	Total	*	54	Minus	**	60	= /		x\$11=	1 "	OR	x\$22=				
AMENDMENT	Independent	*	][	Minus	***	10	= /		x41 <del>°</del>		OR	x82=				
<b> </b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OF	+270=				
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															
I T	he "Highest Nun	nber Pr	eviously Pa	ia For (lotal o	r indep	enaent) is the	ingnesi number	, our	a ur ure app	. Spilato box II						